

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Miyuki FUKASAWA et al.
Title: MICROCAPSULE AND PRODUCTION METHOD THEREOF
Appl. No.: Unknown
Filing Date: 11/18/2003
Examiner: Unknown
Art Unit: Unknown

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Miyuki Fukasawa
c/o Specialty Chemicals Research Center,
Shin-Etsu Chemical Co., Ltd.
28-1, Nishi-Fukushima, Kubiki-mura
Naka Kubiki-gun, Niigata-ken
Japan

Kazuhisa Hayakawa
c/o Specialty Chemicals Research Center
Shin-Etsu Chemical Co., Ltd.
28-1, Nishi-Fukushima, Kubiki-mura
Naka Kubiki-gun, Niigata-ken
Japan

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (19 pages).
- ☒ Declaration and Power of Attorney (2 pages).
- ☒ Assignment of the invention to Shin-Etsu Chemical Co., Ltd..
- ☒ Assignment Recordation Cover Sheet.
- ☒ Check in the amount of \$40.00 for Assignment recordation.
- ☒ Information Disclosure Statement.
- ☒ Form PTO/SB/08 with copies of 2 listed reference(s).
- ☒ Application Data Sheet (37 CFR 1.76).
- ☒ Claim for Convention Priority.

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00 =	\$770.00
Total	9	- 20	= 0 x	\$18.00 =	\$0.00
Claims:					
Independents	2	- 3	= 0 x	\$86.00 =	\$0.00
:					
If any Multiple Dependent Claim(s) present:			+	\$290.00 =	\$0.00
				SUBTOTAL: =	\$770.00
<input type="checkbox"/>		Small Entity Fees Apply (subtract ½ of above):		=	\$0.00
				TOTAL FILING FEE: =	\$770.00


- ☒ A check in the amount of \$770.00 to cover the filing fee is enclosed.
- ☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Nov. 18, 2003

By 

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Stephen B. Maebius

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